Royalston Historic District Commission

Royalston, Massachusetts, 01368

		Application for Certificate	2
Applicant Name(s)_	Mark o	ind Gra Smith	
Address of Property	7 S.	Royalston Road	
Owner's Name	same		
Address of Owner:	Street	20. Box 5	2/5 200 2112 1/520
	City, State, Zip	phyalston, mA O	368 Phone: 978-249-4629
ske add app	etch including dimens ditional documents. Coplication to a commiss	ions, measurements, exact colors, mat Only one change request per applicatio	nen provide precise details of changes. A erials, etc. must be included. Attach any on. Return four copies of the completed to you). If you have any questions, please from Town Clerk).
Please check the cert	tificate applied for: ppropriateness	□Non-Applicability	□Hardship
Description of change	ges (attach additional	sheets and exhibits if necessary):	
Saltb	ox shed i	repair and door	enlargement.
13			White 5" trim (matches original)
Back of	existing Clapboards		White Orop latch
tarn	3/4" P.T. sill plate		yellow 6" - beaded + and g boards.
1grade/	and the second s	3''	Man Sund
5' dable d	aors	,	Signature
		For Office Use Only	
Date Received 9	14/05	Date Accepted 91505	☑Public Hearing □Abutter notices

Certificate Number_____

Decision: